

Provider Record Review Form

[illegible]

ADMINISTRATIVE / PERSONNEL

NAME	LEVEL OF CERTIFICATION / EXPIRATION DATE	DOCUMENTATION OF STAFF CLINICAL SUPERVISION

PROGRAM CERTIFICATION: Current_____ Letter of Good Standing_____ Non-Compliant_____

RECORD REVIEW DOCUMENTATION (Whenever possible, please review at least 5 records)

Record Number					
Admission Date					
# of Days waiting to enter Tx					
Tuberculosis (TB)					
1. High risk TB screen completed					
2. Referral made (If no or n/a, skip 3-7)					
3. Patient case managed					
4. TB counseling					
5. Testing (PPD)					
6. Treatment					
7. Reporting requirements met					
Human Immunodeficiency Virus (HIV)					
1. High risk HIV screen completed					
2. Pretest counseling made available					
3. HIV testing made available					
4. Posttest counseling made available					
5. Treatment made available					
Treatment Services					
Fee assessment					
MA assessment					
Proof of MA application					
Check MA status via EVS					
MA is being billed for eligible recipients					
Retain proof of MA process outlined above					
Gambling Assessment					
Gambling issues addressed on Tx plan (if indicated)					
Nicotine Assessment					
Nicotine Issues addressed on tx (if indicated)					

Family Tx Needs Assessment					
Family counseling made available					
Treatment plan individualized					
Initial Treatment plan					
Treatment plan updates					
Level 0.5 Early Intervention					
Assessment					
Treatment plan					
Group and/or individual counseling					
Alcohol/drug education					
Family counseling if indicated					
Pregnant Women					
Pregnant patient given admission preference					
Pregnant patient admitted within 24 hours					
Buprenorphine Initiative					
Case management					
Opiate Problem Diagnosis					
Level I-III: Overdose Plan included in Tx plan					
Receiving Pharmacotherapy (Circle one)	1. Directly 2. Referral 3. Not at all 4. N/A	1. Directly 2. Referral 3. Not at all 4. N/A	1. Directly 2. Referral 3. Not at all 4. N/A	1. Directly 2. Referral 3. Not at all 4. N/A	1. Directly 2. Referral 3. Not at all 4. N/A
Receiving Pharmacotherapy Not at all (Circle one)	1. Justification documented 2. Justification not documented 3. N/A	1. Justification documented 2. Justification not documented 3. N/A	1. Justification documented 2. Justification not documented 3. N/A	1. Justification documented 2. Justification not documented 3. N/A	1. Justification documented 2. Justification not documented 3. N/A
Length of Stay Evaluation					
III.7 only: 1. continued stay review completed by 1 st tx plan revision					
Continuing Care					
Recovery Check-ups are completed and entered into SMART/Medical Records within 24 hrs					
Consent forms are completed					

Encounter notes are completed in SMART/Medical Records within 24 hrs. of telephone Check-ups.					
The first page of the encounter note records: Type of service Length of service Funding Source					
Continuing Care is offered to all eligible patients (Level I, successfully d/c'd.) If the patient is not enrolled in Continuing Care, there is documentation in the record that it was offered.					

Care Coordination Levels III.7, III.5 & III.3

Provide d/c summary to pt's care coordinator					
Attempt to obtain consent from pt. prior to d/c					
Provide d/c summary to OP Aftercare provider within 24 hrs. of pt's d/c					

**Services for All Programs that provide Substance Abuse Services for Women
Directly or through linkages with community-based organizations**

Case management to assist with eligibility for public assistance programs					
Employment and training programs					
Education and special education programs					
Drug-free housing for women and their children					
Prenatal care and other health care services					
Therapeutic daycare for children					
Head Start					
Other early childhood programs					

